POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

nereby:	appoint:					
Practitio	ners associated	with the Customer Number:		20350		
OR						
Practition	oner(s) named b	elow (if more than ten patent p	ractitioners are to be	named, then a customer n	umber must be used):	
	Name		Registration N Number N		Registration Number	
⊢						
-						
-						
F						
ny and all ttached to	patent application this form in accordance	ns assigned only to the undersordance with 37 CFR 3.73(b).	igned according to the	e USPTO assignment recor		
lease cha	inge the corresp	ondence address for the applic	ation identified In th	e attached statement under	37 CFR 3.73(b) to:	
The address associated with Customer Number:				20350		
OR						
	m or dividual Name					
Address						
City			State		Zip	
Country	,					
Telepho	one			Email		
				L		
ssignee	Name and Ad	dress:				
Murad,						
2121 R 5th flo	losecrans A	venue				
	or undo, CA 90)245				
			dor 37 CED 2 72/	h) /Form PTO/SR/00 a=	equivalent) is required to b	
El Segi	this fam to			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	edanamend is reduited to n	
El Segu	ch application	n in which this form is use	d. The statemen			
El Segu copy of led in ea he practi	ch applicatio	n in which this form is use nted in this form if the app	d. The statemen ointed practition	er is authorized to act o	may be completed by one on behalf of the assignee,	
El Segu copy of iled in ea he practi	ch application tioners appoint identify the a	n in which this form is use nted in this form if the app pplication in which this Po SIGNAT	d. The statemen cointed practition ower of Attorney TURE of Assignee	er is authorized to act on is to be filed. of Record	on behalf of the assignee,	
El Segu A copy of iled in ea he practi and must	ch application tioners appoint identify the a	n in which this form is use nted in this form if the app pplication in which this Po SIGNAT yidual whose signature and title	d. The statemen ointed practition ower of Attorney TURE of Assignee is supplied below is	er is authorized to act of is to be filed. of Record authorized to act on behalf	on behalf of the assignee,	
El Segu copy of iled in ea he practi	ch application tioners appoint identify the a	n in which this form is use nted in this form if the app pplication in which this Po SIGNAT syldual whose stangure and title Musicipal and the stangure and title	d. The statemen ointed practition ower of Attorney TURE of Assignee is supplied below is	er is authorized to act on is to be filed. of Record	of the assignee	

04044440...4